

PART B - FEE(S) TRANSMITTAL

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7590

07/24/2002

Eric L Maschoff
 Workman Nydegger & Seeley
 1000 Eagle Gate Tower
 60 East South Temple
 Salt Lake City, UT 84111

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/656,076	09/07/2000	Gregory C. Andrews	14374.36	9260

TITLE OF INVENTION: LARGE SURFACE AREA X-RAY TUBE SHIELD STRUCTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	10/24/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOBDEN, PAMELA R	2882	378-141000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE:
 been previously
 (A) NAME OF

Assignee: VARIAN MEDICAL SYSTEMS, INC.
3100 HANSEN WAY
PALO ALTO, CALIFORNIA 94304

patent. Inclusion of assignee data is only appropriate when an assignment has been filed with this form is NOT a substitute for filing an assignment.
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Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

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